U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

# FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or pinit penalties as provided by 29 U.S.C 439 or 440.



1. File Number U -

### READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

12346	1 / 1 / 2004 Through: 12 / 31 / 2004					
3. Name and address of person filing.	4. Name, file number, and address of labor organization.					
Name ANTONIO J SAGUIBO JR.	Name LABORERS' AFL-CIO LOCAL 368					
	Labor Organization File Number 042-957					
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any					
Street 1617 PALAMA STREET	Street 1617 PALAMA STREET					
City HONOLULU	City HONOLULU					
State Hawaii ZIP Code + 4 96817-3043	State Hawaii ZIP Code + 4 96817-3043					
5. Position in labor organization. RECORDING SECRETARY/REPRESEN	TATIVE					
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employers your organizate.  6. Name and address of Employer (including trade name, if any).	r derived income or other economic benefit of tion represents or is actively seeking to represent.  7.a. Nature of Interest, Transaction, or Income.					
Name						
Trade Name, if any:						
P.O. Box, Bldg., Room No., if any	7.b. Amount					
Street	7.6. Allound					
City						
State ZIP Code + 4						
^ Sig	gnature					
15. Signature and verification. The undersigned declares, under penalty of	of Perjury and other applicable ponulties of the law, that all of the information niving documents), has been examined by the signatory and is, to the best of the					

08/15/2005

Date

(808) 841-5877

Telephone Number

Name of Person Filing ANTONIO SAGUIBO JR.	File Number U-
B. Held an interest in or derived income or economic benefit with monetary vasubstantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is act (2) any part of which consists of buying from or selling or leasing directly or in dealing with your labor organization or with a trust in which your labor organization.	wise dealing with the bus ness ively seeking to represent, or directly to, or otherwise
8. Name and address of Business (including trade name, if any).  Name HAWAII LABORERS' PENSION TRUS' FUNI  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street 1221 KAPIOLANI BLVD., SUITE 9 10	9. Business deals with:   a. Labor Organization  b. Trust  c. Employer
City HONOLULU	
State Hawaii ZIP Coce + 4 96814-3502	
10. If 9.b. or 9.c. is checked give trust or employer's r.ame.  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4	11.a. Nature of such cealing. Prison TVVS   Funcl PERSON FILING IS TRUSTEE ON BOARD OF NAMED TRUST FUND, ENTITLED TO ATTEND EDUCATIONAL CONFERENCES AND OTHER PLAN PARTICIFANT-RELATED FUNCTIONS, ON A FULLY REIMBURSED BASIS  (SEE ATTACHED WORKSHEET)  11.b. Approximate dollar value of such dealing.  12.a. Nature of interest held or income received.
	12.b. Amount. \$ 11,960
C. Received from any employer (other than an employer covered und or from any labor relations consultant to an employer any payment of mone	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name	14.a. Nature of payment.
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	

14.b. Amount of payment.

13.b. Is the Business an Employer

ZIP Code + 4

or Consultant

?

City

State

## ANTONIO SAGUIBO, JR. - PENSION TRUST FUND

FUND	NAME OF CONFERENCE	P	TOTAL AYMENTS		AMOUNT XPENSED	ì	MOUNT FUNDED
	Philippines Trip						
Pension	February 22 - 28, 2004	\$	2,050.00	.\$	754.55	\$	1,295.45
[	Collection Procedures Institute	1				1	
Pension	March 8 - 10, 2004	\$	3,425.00	\$	3,194.82	\$_	230.18
	Washington Legislative Upate						
Pension	May 17 - 19, 2004	\$	8,435.00	\$	4,875.98	\$_	3,559.02
	HUB Educational						
Pension	May 27 - 31, 2004	\$	2,755.00	\$	2,129.13	\$_	625.87
	Annual/Quarterly Meetings						
Pension	July 22 - 25, 2004	\$	291.66	\$	193.61	\$_	98.05
	Institutional Client Conference		•	<u> </u>			
Pension	October 17 - 19, 2004	\$	1,400.00	\$	811.64	\$_	588.36
] [	Total	\$	18,356.66	S	11.959.73	\$_	6,396.93

Name	of Person	Filing	ANTONTO	SAGUIBO	JR

File Number U-

#### Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name HAWAII LABORERS' HEALTH & WELFARE TRUST FUND	∑ a. Labor Organ zation
Trade Name, if any:	a zasor organization
P.O. Box, Bldg., Room No., if any	b. Trust
Street 1221 KAPIOLANI BLVD., SUITE 900	c. Employer
City HONOLULU	
State Hawaii ZIP Code + 4 96814-3502	
10. If 9.b. or 9.c. is checked give trust or employer's name.	. 11.a. Nature of such dealing. Hen 1 H & Welfare Trust Fun
Name	PERSON FILING IS TRUSTEE ON BOARD OF NAMED TRUST
Trade Name, if any:	FUND, ENTITLED TO ATTEND EDUCATIONAL CONFERENCES AND OTHER PLAN PARTICIPANT RELATED FUNCTIONS, ON A FULLY REIMBURSED EASIS
P.O. Box, Bldg., Room No., if any	(SEE ATTACHED WORKS TEET)
Street	
City	
State ZIP Code + 4	11.b. Approximate dollar value of such dealing\$8, 210
	12.a. Nature of interest held or income received.
`	
	12.b. Amount. \$ 2.2.10

## ANTONIO SAGUIBO, JR. - HEALTH & WELFARE TRUST FUND

FUND	NAME OF CONFERENCE	l I		AM CUNT EXPENSED		AMOUNT REFUNDED	
7 0.10	Philippines Trip	<del></del>	***************************************		VI 121110ED	<u> </u>	-I GIVDED
H&W	February 22 - 28, 2004	\$	2,050.00	\$	754.55	\$	1,295.45
	Annual/Quarterly Meetings					l	
H&W	July 22 - 25, 2004	\$	291.67	\$	193.61	\$	98.06
	Health Care Managemen: & Fraud						
	Prevention Institute				:		
H&W	November 15 - 17, 2004	\$	5,175.00	\$	2,986.23	\$	2,188.77
	50th Annual Employee Benefits				7 - 1111 -		·
H&W	November 30 - December 4, 2004	\$	7,901.00	\$	4,275.64	\$	3,625.36
	TOTAL	\$	15,417.67	S	8,210.03	\$	7,207.64

Name	of F	Person	Filing	ANTONTO	SAGIITRO	TD

File Number U-

### Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name HAWAII LABORERS' TRAINING TRUST FUND	🗙 a. Labor Organ zation
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	b. Trust
Street 1221 KAPIOLANI BLVD. SUITE 930	c. Employer
City HONOLULU	
State Hawaii ZIP Code + 4 96814-3502	
10. If 9.b. or 9.c. is checked give trust or employer's rame.	11.a. Nature of such dea ing. Training Trust Funct
Name	PERSON FILING IS TRUSTEE ON BOARD OF NAMED TRUST FUND, ENTITLED TO ATTEND EDUCATIONAL CONFERENCES
Trade Name, if any:	AND OTHER PLAN PARTICIPANT RELATED FUNCTIONS, ON A FULLY REIMBURSED PASIS
P.O. Box, Bldg., Room No., if any	(SEE ATTACHED WORKSHEET)
Street	
City	
State ZIP Code + 4	11.b. Approximate dollar value of such dealing.
	12.a. Nature of interest held or income received.
	12.b. Amount. \$3694

## ANTONIO SAGUIBO, JR. - TRAINING TRUST FUND

FUND	NAME OF CONFERENCE	TOTAL YMENTS	AM CUNT XPENSED	1 -	MOUNT FUNDED
4	LIUNA Tri-Fund Conference January 18 - 22, 2004	\$ 4,861.08	\$ 3,500.85	\$	1,360.23
l .	Annual/Quarterly Meetings July 22 - 25, 2004	\$ 291.67	\$ 193.61	\$	98.06
	Total	\$ 5,152.75	\$ 3,694.46	\$	1,458.29

### Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

Name Robrico Investment indicagnent  Trade Name, it any:  P.O. Box, Bidg., Room No., if any Sizife (IDS  Street Fort Street Mail  City Honolulu  State Hithmin ZIP Code + 4 96814-3502  11.a. Nature of such dealing. Investment mainly Fund  Trade Name, it any:  P.O. Box, Bidg., Room No., if any  Street 1221 KAPIOLANI BLVD., SUITE 100  City HONOLULU  State Hawaii ZIP Code + 4 36814-3502  11.b. Approximate dollar vals of such dealing.  11.b. Approximate dollar vals of such dealing.  11.b. Approximate dollar vals of such dealing.  11.c. Nature of interest he d or income received.  Attention City in survey of such dealing.  11.b. Approximate dollar vals of such dealing.  11.c. Nature of interest he d or income received.  Attention City in survey.  P.O. Box, Bidg., Room No., if any  Street 1221 KAPIOLANI BLVD., SUITE 100  City HONOLULU  State Hawaii ZIP Code + 4 36814-3502  11.b. Approximate dollar vals of such dealing.  11.c. Nature of interest he d or income received.  Attention City in survey.  P.O. Box, Bidg., Room No., if any  City in survey.  In survey in survey.  City in survey.  P.O. Box, Bidg., Room No., if any  City in survey.  City in survey.  City in survey.  City in survey.		9. Business deals with:
Trade Name, if any:  P.O. Box, Bidg., Room No., if any Shirt 13DS  Street Fort Street Wall  City Hone Unity  State Hardmii Zip Code + 4 96 pig  10. If 9 b. or 9 c. is checked give trust or employer's name.  Name HAWAII LABORERS' HEALTH & WELFARE TRUST FUND  Trade Name, if any:  P.O. Box, Bidg., Room No., if any  Street 1221 KAPIOLANI BLVD., SUITE 1900  City Honolulu  State Hawaii Zip Code + 4 96814-3502  11.b. Approximate dollar value of such dealing.  11.b. Approximate dollar value of such dealing.  11.b. Approximate dollar value of such dealing.  12.a. Nature of interest hed or income received.  Attendaci City was hosted by Investment in Maragar during edition to the control of the con	Name and address of Business (including trade name, if any).	a. Dusiness deals with.
Street Fort Street Mail  City Howolulu  State Harvini ZIPCode+4 Ab 93  10. If 9b. or 9c. is checked give trust or employer's name.  Name HAWAII LABORERS' HEALTH & WELFARE TRUST FUND  Trade Name, if any:  P.O. Box, Bidg., Room No., if any  Street 1221 KAPIOLANI BLVD., SUITE 900  City Honolulu  State Hawaii ZIPCode+4 36814-3502  11.b. Approximate dollar vals of such dealing.  11.b. Approximate dollar vals of such dealing.  11.c. Nature of such dealing.  11.a. Nature of such dealing.  11.b. Approximate dollar vals of such dealing.  11.c. Nature of interest he d or income received.  Attential ZIPCode+4 36814-3502  11.b. Approximate dollar vals of such dealing.  12.a. Nature of interest he d or income received.  Attential ZIPCode Mail Mail Confidence in the such dealing.  12.a. Nature of interest he d or income received.  Attential ZIPCode Mail Mail Confidence in the such dealing.  12.a. Nature of interest he d or income received.  Attential ZIPCode Mail Mail Confidence in the such dealing.  12.a. Nature of interest he d or income received.  Attential ZIPCode Mail Mail Confidence in the such dealing.  12.a. Nature of interest he d or income received.  Attential ZIPCode Mail Mail Mail Mail Mail Mail Mail Mail	Name Robeco Investment inoxigment	a, Labor Oʻganization
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City Honelulu  State Hawaii Zip Cote + 4 96 9/3  10. If 9b. or 9c. is checked give trust or employer's name.  Name Hawaii Laborers' Health & Wellfare Trust fund  Trade Name, if any:  P.O. Box, Bidg., Room No., if any  Street 1221 Kapiolani BLVD., Suite 1:00  City Honolulu  State Hawaii Zip Cote + 4 36814-3502  11.a. Nature of such dealing. Investment Manager PERSON FILING IS TRUSTEE ON BOARD OF NAMED TRUST FUND.  (SEE ATTACHED WORKSHEET)  11.a. Nature of such dealing. Investment Manager PERSON FILING IS TRUSTEE ON BOARD OF NAMED TRUST FUND.  11.a. Nature of such dealing. Investment Manager PERSON FILING IS TRUSTEE ON BOARD OF NAMED TRUST FUND.  11.a. Nature of such dealing. Investment Manager PERSON FILING IS TRUSTEE ON BOARD OF NAMED TRUST FUND.  11.a. Nature of such dealing. Investment Manager PERSON FILING IS TRUSTEE ON BOARD OF NAMED TRUST FUND.  11.a. Nature of such dealing. Investment Manager PERSON FILING IS TRUSTEE ON BOARD OF NAMED TRUST FUND.  11.a. Nature of such dealing. Investment Manager PERSON FILING IS TRUSTEE ON BOARD OF NAMED TRUST FUND.  11.a. Nature of such dealing. Investment Manager PERSON FILING IS TRUSTEE ON BOARD OF NAMED TRUST FUND.  11.a. Nature of such dealing. Investment Manager PERSON FILING IS TRUSTEE ON BOARD OF NAMED TRUST FUND.  11.a. Nature of such dealing. Investment Manager PERSON FILING IS TRUSTEE ON BOARD OF NAMED TRUST FUND.  11.a. Nature of such dealing. Investment Manager PERSON FILING IS TRUSTEE ON BOARD OF NAMED TRUST FUND.  11.a. Nature of such dealing.  11.a. Nature of such deali	P.O. Box, Bldg., Room No., if any Surte 605	b. Trust
State Harwaii Zip Code + 4 96 9/3  10. If 9 b. or 9 c. is checked give trust or employer's name.  Name Hawaii Laborers' Health & Welfare Trust Fund  Trade Name, if any:  P.O. Box, Bidg., Room No., if any  Street 1221 KAPIOLANI BLVD., SUITE 900  City Honolulu  State Hawaii Zip Code + 4 36814-3502  11.a. Nature of such dealing. Investment mainager person filling is tristed on Board of Named Trust Fund.  (SEE ATTACHED NORKSHEET)  11.a. Nature of such dealing. Investment mainager person filling is tristed on Board of Named Trust Fund.  (SEE ATTACHED NORKSHEET)  11.a. Nature of such dealing. Investment mainager person filling is tristed on Board of Named Trust Fund.  (SEE ATTACHED NORKSHEET)  11.a. Nature of such dealing. Investment mainager person filling is tristed on Board of Named Trust Fund.  (SEE ATTACHED NORKSHEET)  11.a. Nature of such dealing. Investment mainager person fund.  (SEE ATTACHED NORKSHEET)  11.a. Nature of such dealing. Investment mainager person fund.  (SEE ATTACHED NORKSHEET)  11.a. Nature of such dealing. Investment mainager person fund.  (SEE ATTACHED NORKSHEET)  11.a. Nature of such dealing. Investment mainager person fund.  (SEE ATTACHED NORKSHEET)  11.a. Nature of such dealing. Investment mainager person fund.  (SEE ATTACHED NORKSHEET)  11.a. Nature of such dealing. Investment mainager person fund.  (SEE ATTACHED NORKSHEET)	Street Fort Street Mail	c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name.  Name HAWAII LABORERS' HEALTH & WELFARE TRUST FUND  Trade Name, if any:  P.O. Box, Bidg., Room No., if any  Street 1221 KAPIOLANI BLVD., SUITE 100  City HONOLULU  State Hawaii ZIP Code + 4 36814-3502  11.b. Approximate dollar value of such dealing.  12.a. Nature of interest he d or income received.  Attendad Dirical Moskaper during political fibral. (unformal of unformal functions)  PERSON FILING IS TRUSTEE ON BOARD OF NAMED TRUST FUND.  (SEE ATTACHED WORKSHEET)  11.a. Nature of such dealing.  12.a. Nature of interest he d or income received.  Attendad Dirical Moskaper during political fibral. (unformal functions)	city Honolulu	
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State Hawaii  ZIP Code + 4 96814-3502  11.b. Approximate dollar value of such dealing.  12.a. Nature of interest he d or income received.  Attential Director Nosted by  Trivest month Monager during  POWCH Tibrish (unformate)	Street 1221 KAPIOLANI BLVD., SUITE 900	(SEE ATTACHED HORASABET)
12.a. Nature of interest he d or income received.  Attentaci Christs hosted by  Invest mont monager during  ecilicationed confidence.	City HONOLULU	
Attentaci current hosted by Investment monager during edicational continence.	State Hawaii ZIP Code + 4 36814-3502	11.b. Approximate dollar value of such dealing.
		12.a. Nature of interest he d or income received.
		Attentact christis hosted by
		Investment nonager during
12.b. Amount. \$ 150.00		educationed conference
12.b. Amount. \$ 150.00		
12.b. Amount. \$ 150.00		
12.b. Amount. \$ 150.00		
		12.b. Amount. \$ 150.00

## LM-10 / LM-30 Confirmation Worksheet

Description of Item(s) Given	Date Given	Total Cost of Items Given	Comment(s)
Dinner Meeting – BPAM Update Chinois – Santa Monica, Ca.	3/8/2004	\$500.00	Records can not determine specific food ordered and total number of guests in attendance.
Dinner Meeting – BPAM Update Chianti – Monterey, Ca.	11/15/2004	\$356.55	Records can not determine specific food ordered and total number of guests in attendance.
Dinner Meeting – Robeco Update Peninsula - Monterey	11/162004	\$496.22	Records can not determine specific food ordered and total number of guests in attendance.